IPDR6702								
RUN DATE:	: 06/10/2007		IPF	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGI	1	
				HECKWRITE DATE: 06/12/2007				
		T	T	FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	3953	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	H/DD/SAS			NI BODGEI				
		8508	2973	CLAIM DENIED NO BUDGET FOUND	1	0 8040	8097	57
<u> </u>								
	_							
		8800	1062	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	_	8505	2820	CLAIM DENIED DUE TO INSUFFICIE				
3101901	WESTERN HIGHLAN DS LME	8303	2020	NT BUDGET				
	DS LINE							
		3411	1466	PROVIDER TYPE AND SPECIALTY 07		5170	6777	1607
	+			4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D		1	<b>—</b>	
	+			TO DESCRIPTION OF MALER D		1	<del>                                     </del>	
	1	8800	287	FURTHER PROCESSING NECESSARY,			1	
				PLEASE CHECK FOR CLAIM ON				
<u> </u>	4			FUTURE RA'S.		1		
3404910	DATHMANC	8505	2109	CLAIM DENIED DUE TO INSUFFICIE		-	<del>                                     </del>	-
	PATHWAYS			NT BUDGET		+	<b> </b>	
<b> </b>		8800	245	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		3 2709	5101	2153
<b> </b>	_			FUTURE RA'S.				
		11	114	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
<b> </b>	_							
3404912	CATAWBA COUNTYM	191	6	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
<b></b>		8649	1	CLAIM DENIED MAXIMUM ALLOWED 2  6 OCCURRENCES HAVE PROCESSED		0 8	1087	1079
<b>—</b>	+			AND PAID, PA IS REQUIRED.				
	+							
		11	1	CLIENT NOT ELIGIBLE ON SERVICE				
L				DATE				
<b></b>								
3404913								
3404913	MPCKI PNIBITEG COM	8505	8896	CLAIM DENIED DUE TO INSUFFICIE				
	MECKLENBURG COM ENTAL HEALT	8505	8896	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MECKLENBURG COM ENTAL HEALT	8505	8896					
				NT BUDGET				
		8505	8896 2012			0 13746	13857	111
				NT BUDGET		0 13746	13857	111
		21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM		0 13746	13857	111
				NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY,		D 13746	13857	111
		21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON		0 13746	13857	111
		21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY,		0 13746	13857	111
3404916		21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE		0 13746	13857	111
	ENTAL HEALT	21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY,  PLASSE CHECK FOR CLAIM ON  FUTURE RA'S.		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	8800	2012 1766	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY,  PLASE CHECK FOR CLAIM ON  FULURE RAY.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	21	2012	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	8800	2012 1766	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE FA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  PURTHER PROCESSING NECESSARY,		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	8800 8800 8505	2012 1766 1747	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		D 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	8800	2012 1766	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLASE CHECK FOR CLAIM ON PUTURE RA'S.  CLAIM DENEE DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	8800 8800 8505	2012 1766 1747	NT BUDGET  DUFLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE EA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE EA'S.  DETAIL NOT COVERED BY COMBINAT  LOW OF RECEIVERT, PROVINGER AND		0 13746	13857	25
	EMTAL HEALT  CROSSROADS BEHA	8800 8800 8505	2012 1766 1747	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLASE CHECK FOR CLAIM ON PUTURE RA'S.  CLAIM DENEE DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT		0 13746	13857	111
	EMTAL HEALT  CROSSROADS BEHA	8800 8800 8505	2012 1766 1747	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE BAYS.  CLAIM DENIED DUE TO INSUFFICIE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BAYS.  DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE		0 13746	13857	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL	8800 8505 8600	2012 1766 1747 226	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  PUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  PUTURE RAY.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		0 13746	13857	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL  CENTERPOINT HUM	8800 8505 8600	2012 1766 1747 226	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE BAYS.  CLAIM DENIED DUE TO INSUFFICIE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BAYS.  DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE		0 13746	13857	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL  CENTERPOINT HUM	8800 8505 8800 8599	2012 1766 1747 226	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE BA'S.  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE BA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BERKEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET		0 2350	2375	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL  CENTERPOINT HUM	8800 8505 8600	2012 1766 1747 226	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE BAYS.  CLAIM DENIED DUE TO INSUFFICIE  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BAYS.  DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE		0 13746 0 2350	2375	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL  CENTERPOINT HUM	8800 8505 8800 8599	2012 1766 1747 226	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  PUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  PUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BERBETT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  DO NOT BUDGET  DETAIL NOT COVERED BY COMBINAT  DETAIL NOT COVERED BY COMBINAT  DETAIL NOT COVERED BY COMBINAT		0 2350	2375	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL  CENTERPOINT HUM	8800 8505 8800 8599 8599	2012 1766 1747 226 148	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE BA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BA'S.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		0 2350	2375	25
3404916	ENTAL HEALT  CROSSROADS BEHA VIORAL HEAL  CENTERPOINT HUM	8800 8505 8800 8599	2012 1766 1747 226	NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RAY.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  PURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RAY.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BERRETT PAYKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  LOW OF RECIPIENT, PROVIDER AND  DETAIL NOT COVERED BY COMBINAT  LOW OF RECIPIENT, PROVIDER AND		0 2350	2375	25

3404919 GUILFOR TAL HEA TAL HE	INCE CASMEL  A MMI D  E PERSON C	#IGH DENIAL EORS #8505  #8506  #8500  #8500  #8500  #8500  #8509  #8509  #8509	NUMBER OF DENIALS 437 97 63 136 106 12995 175	DESCRIPTION  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT  VALID FOR SUMMITTED BILLING PR  FURTHER PROCESSING INCESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  TON OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE.	TNC DENIALS  15	TOTAL DENIALS 700 316	TOTAL CLAIMS FINALIZED  722  3769	TOTAL CLAIMS PAID 22 3453
3404919 GUILFOR TAL HEA  3404920 ALAMANC L AREA  3404921 ORANGE HATTIAM  3404921 THE DUR ER  3404922 THE DUR ER  3404923 FIVE CO	GRD CO MEN RALTINC  NCE CASWEL A MEI D  E PERSON C H AREA	8505 8506 8800 79 21 8599 8505 8505	97 63 136 106 42 1995	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMMITTED BILLING PR  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAS:  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMMINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PROCESSING.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMMINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PROCESSES.	0	700	722	222
7AL HEA  7AL	EACHIC  NICE CASWEL  A MH D  E PERSON C  M AREA	8536 8800 79 21 21 8599 8595 8599	97 63 136 106 42	NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECLALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT TON OF PROTPIERT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND BENEFIT PACKAGE.	0	316		
3404920 ALAMANC L AREA  3404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  2404923 FIVE CO	NCE CASWEL  A MH D  E PERSON C  M AREA	8800 79 21 8599 8505	136 106 106 42 1995	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT YALD FOR SUBMITTED BILLING PR FUTURE ROSSING INCHESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	316		
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	8800 79 21 8599 8505	136 106 106 42 1995	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLIMO PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	316		
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	8800 79 21 8599 8505	136 106 106 42 1995	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLIMO PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	316		
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	79 21 8599 8505 8599	136 106 42 1995	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS REVICE IS NOT PAYABLE TO YOUNG REVIEW OF THE NOT PAYABLE TO PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			3769	3453
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	79 21 8599 8505 8599	136 106 42 1995	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			3769	3453
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	79 21 8599 8505 8599	136 106 42 1995	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECTPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			3769	3453
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	8599 8505 8599	106	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			3769	3453
1404921 ORANGE HATHAM  3404921 THE DUR  ER  3404922 THE DUR  3404923 FIVE CO	A MH D  E PERSON C  H AREA	8599 8505 8599	106	YOUR SIBNITED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.			3769	3453
3404921 ORANGE HATHAM  3404922 THE DUR  ER  3404923 FIVE CO	e person c m area	8599 8505 8599	1995	PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECTPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.			3769	3453
3404922 THE DUR  3404922 THE DUR  2404923 FIVE CO	M AREA	8599 8505 8599	1995	DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.			3769	3453
3404922 THE DUR  3404922 THE DUR  2404923 FIVE CO	M AREA	8599 8505 8599	1995	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			3769	3453
3404922 THE DUR  3404922 THE DUR  2404923 FIVE CO	M AREA	8505 8599 5312	1995	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474		
3404922 THE DUR  3404922 THE DUR  ER  3404923 FIVE CO	M AREA	8505 8599 5312	1995	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474		
3404922 THE DUR  3404922 THE DUR  ER  3404923 FIVE CO	M AREA	8599 5312	175	EENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	2474		
3404922 THE DUR  2404922 THE DUR  2504923 FIVE CO	M AREA	8599 5312	175	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474		
3404922 THE DUR  3404922 THE DUR  ER  3404923 FIVE CO	M AREA	8599 5312	175	NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474		
3404922 THE DUR ER  3404923 FIVE CO		5312		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474		
3404923 FIVE CO	URHAM CENT	5312		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474		
3404923 FIVE CO	URHAM CENT	5312		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2474	l	
3404923 FIVE CO	URHAM CENT		49	BENEFIT PACKAGE.		22/4	2979	505
3404923 FIVE CO	URHAM CENT		49					
3404923 FIVE CO	URHAM CENT			PRIOR AUTHORIZED DOLLARS EXCEE				
3404923 FIVE CO	URHAM CENT	21	1	DED				
3404923 FIVE CO	URHAM CENT	21						
3404923 FIVE CO			528	DUPLICATE OF CLAIM-SYSTEM				
3404925 SANDHIL								
3404925 SANDHIL		0505	260	CLAIM DENIED DUE TO INSUFFICIE				
3404925 SANDHIL		8505	368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	28	1147	8093	6946
3404925 SANDHIL								
3404925 SANDHIL		8599	80	DETAIL NOT COVERED BY COMBINAT				
3404925 SANDHIL				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925 SANDHIL								
OPHIDITE	COUNTY MH	8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
DANDILL				ALCE THIS CLAIM DETAIL				
OPHIDITE		11	40	CLIENT NOT ELIGIBLE ON SERVICE				
DANDILL		**	20	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	253	2543	2290
DANDILL								
DANDILL		8536	35	ATTENDING PROVIDER TYPE AND SP				
OPHIDITE				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
OPHIDITE								
R FOR №	ILLS CENTE	21	1354	DUPLICATE OF CLAIM-SYSTEM				
	MH/DD							
		8505	501	CLAIM DENIED DUE TO INSUFFICIE				
		8505	501	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	207	3371	9944	6573
		8536	224	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
	EASTERN RE	21	7812	DUPLICATE OF CLAIM-SYSTEM				
G MENTA	TAL HL							
		0510	1160	CLAIM DENIED, SUBMITTED BEYOND				
		8518	1169	FILING TIMELIMIT. PRIOR	252	13501	17882	4381
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	899	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	276	CLAIM DENIED DUE TO INSUFFICIE				
HC	RLAND CO M			NT BUDGET				
	RLAND CO M	9500	42	DETAIL NOT COVERED BY COMBINAT				
	RLAND CO M	8599	42	ION OF RECIPIENT, PROVIDER AND	0	404	1140	736
	RLAND CO M	1		BENEFIT PACKAGE.				
	RLAND CO M		32	RELATED CODES NOT ALLOWED SAME				
	RLAND CO M	3746		DATE OF SERVICE.				
	RLAND CO M	3746			L	ļ		

PROVIDER						1	TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	10	86	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
	MNTL HLTHC			DIAGNOSIS, PROCEDURE CODE FOR				
		8599	44	DETAIL NOT COVERED BY COMBINAT	0	230	2155	1925
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	32	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404931	WAKE CO HUM SVC	8505	3853	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	BILLING OF			NI BUDGET				
		8800	727	FURTHER PROCESSING NECESSARY,	40	5360	9249	3889
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	244	DUPLICATE OF CLAIM-SYSTEM				
		21	244	DOPDICATE OF CDAIM-SISIEM				
3404933	SOUTHEASTERN CT	8534	951	SERVICE FACILITY LOCATION IS N				
	R FOR MH/DD			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
	+	8599	169	DETAIL NOT COVERED BY COMBINAT		1580	6177	4597
	1			ION OF RECIPIENT, PROVIDER AND	1	1980	6177	4597
		<u> </u>		BENEFIT PACKAGE.				
	1	10	124	DIAGNOSIS OR SERVICE INVALID F				
	-			OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	-			
	1			THE PORT OF THE PO	<del>                                     </del>			
3404934	ONSLOW CARTERET	143	172	CLIENT ID NUMBER NOT ON STATE				
	BEHAV HEAL			ELIGIBILITY FILE				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE				
		11	132	DATE	0	627	1959	1332
				2012				
		8599	76	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	21	14	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
				DETAIL NOT COVERED BY COMBINAT				
		8599	4	ION OF RECIPIENT, PROVIDER AND	0	19	5347	5328
				BENEFIT PACKAGE.				
		5404	1	SEVERE DUPLICATE: SAME ATTO PR				
				OV/PCODE/TOS/DOS/MOD				
3404937	EDGECOMBE NASH	21	38	DUPLICATE OF CLAIM-SYSTEM	<del> </del>			
3404937	EDGECOMBE NASH MNTL HLTH C	21	30	DOPDICATE OF CDAIM-SISIEM				
					1			
	1	8532	18	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF	0	70	1393	1323
	-			NOT ELIGIBLE FOR DATE OF SERVICE BILLED	-			
	+	1			<b>—</b>			
<b>-</b>		1	6	PROCEDURE IS NOT PAYABLE FOR Y				
		8537	~			1		
		8537		OUR PROVIDER TYPE AND				
		8537						
2404000				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404939	NEUSE MENTAL HE	8537 8599	65	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT				
3404939	NEUSE MENTAL HE ALTH CENTER			OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404939				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE	0	136	505	369
3404939		8599	65	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	136	505	369
3404939		8599	65	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE	0	136	505	369
3404939		8599	65	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT TON OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	136	505	369
3404939		8599 143	65	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE	0	136	505	369
3404939		8599 143	65	OUR BROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE	0	136	505	369
		8599 143	65 26 12	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE	0	136	505	369
3404939	ALTH CENTER	8599 143	65	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT BOT ELIGIBLE ON SERVICE CLIENT OF ELIGIBLE ON SERVICE DATE	0	136	505	369
	ALTH CENTER	8599 143	65 26 12	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE	0	136	505	369
	ALTH CENTER	8599 143	65 26 12	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT BOT ELIGIBLE ON SERVICE CLIENT OF ELIGIBLE ON SERVICE DATE	0	136	505	369
	ALTH CENTER	8599 143 11 11 8505	65 26 12	OUR BROWLERS TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT ION OF RECEPTERT, PROVIDER AND BENEFIT FACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT NOT ELIGIBLE ON SERVICE  LOATE  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	ALTH CENTER	8599 143	65 26 12	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT BOT ELIGIBLE ON SERVICE CLIENT OF ELIGIBLE ON SERVICE DATE	0	136		369
	ALTH CENTER	8599 143 11 11 8505	65 26 12	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECEIVERT, PROVIDER AND BENEFIT FACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT NOT ELIGIBLE ON SERVICE THE STATE STATE  CLIENT NOT BUDGET  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,				
	ALTH CENTER	8599 143 11 11 8505	65 26 12	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	ALTH CENTER	8599 143 11 11 8505	65 26 12	OUR BROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FURTHER				
	ALTH CENTER	8599 143 11 11 8505	65 26 12 948	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

	1					1	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	11	7	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
		8599	7	DETAIL NOT COVERED BY COMBINAT	1	. 20	1073	1053
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8532	3	SUBMITTED BILLING PROVIDER IS				
				NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
3404943	ALBEMARLE MENTA	8505	96	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		11	52	CLIENT NOT ELIGIBLE ON SERVICE	(	311	782	471
				DATE				
		0000	40	THE PROGRAMMENT AND A STREET				
		8800	40	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	1	1	1			1		
	1	1	1	FUTURE RA'S.		1		
24040::		0500	22	DOWN TO MORE COMPANIES BY THE TOTAL OF THE T				
3404944	EASTPOINTE HUMA	8599	32	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8537	11	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND		. 75	4668	4593
				SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALTY IN ACCORDANCE TO MEN				
		79	9	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	5404	605	SEVERE DUPLICATE: SAME ATTD PR				
	ENTAL HEALT			OV/PCODE/TOS/DOS/MOD				
		8599	328	DETAIL NOT COVERED BY COMBINAT	12	2554	9624	7070
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8537	311	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
2404057	1	0500	110	DOWN TO MORE COMPANIES BY THE TOTAL OF THE T		1		
3404957	TIDELAND MENTAL	8599	117	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR	_	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1		
		-	1	DEMERTI PACKAGE.		1		
		8505	E	CLAIM DENIED DUE TO INSUFFICIE		1		<b> </b>
		0000	3	NT BUDGET	(	125	1067	942
		+	-	are sought		1		<del>                                     </del>
			-			1		<b> </b>
		79	1	THIS SERVICE IS NOT PAYABLE TO		1		<b> </b>
		13	*	YOUR SUBMITTED BILLING		-		-
		+	-	PROVIDER TYPE AND SPECIALTY IN		1		<del>                                     </del>
		+	-	ANOVADAN AIFE MMD OFECIMENT IN				-
3404070		8535	3519	SERVICE FACILITY LOCATION WAS				-
3404979	NEW RIVER AREAM			NOT SUBMITTED ON THIS CLAIM.		1		-
	H/DD/SA PRO	+		PLEASE RESUBMIT THE CLAIM WITH				1
	+	+	1	AMOVANIA AND CARLE WITH		1		-
		8505	2130	CLAIM DENIED DUE TO INSUFFICIE				
			1	NT BUDGET	-	8748	9017	269
		+						1
		+	-					-
	1	120	1860	CLIENT ID NUMBER MISSING OR IN			-	-
		120	1000	VALID. ENTER CID AND SUBMIT				